

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		20	2/23
FORMALITY REVIEW	B T	926	06-0501
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	7/5/01
2	10/23/01
3	10/23/01
4	10/23/01
5	10/23/01
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8	10/23/01
9	10/23/01
10	10/23/01
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49	10/23/01
50	10/23/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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